

Health,  
Welfare  
Public  
Service

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 27 1957

318

1003

18617  
STATE FILE NUMBER  
4568

Registration District No. Primary Registration District No. Registrar's No.

|  |                                  |   |  |   |  |   |  |
|--|----------------------------------|---|--|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |                                  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY |  |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>St. Louis, Mo.</b>  |                                  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |  | c. CITY<br>OR<br>TOWN <b>St. Louis</b>  |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <b>8420 Michigan</b>   |                                  |   | Length of stay in lb   | d. STREET (If outside, give location)<br>ADDRESS <b>8420 Michigan</b>   |  |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                                 |
| 3. NAME OF DECEASED<br>(Type or print) <b>Catherine E. Dwyer</b>   |                                  |   |  | First   | Middle   | Last  | 4. DATE OF DEATH<br><b>May 12, 1957</b>  |
| 5. SEX<br><b>female</b>  | 6. COLOR OR RACE<br><b>white</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>Nov. 1, 1872</b>   |  | 9. AGE (In years last birthday)<br><b>84</b>                              | IF UNDER 1 YEAR<br>Months Days Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>none</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>at Home</b>   |  | 11. BIRTHPLACE (City and state or country)<br><b>Brooklyn New York</b>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>                                |  |
| 13. FATHER'S NAME<br><b>Jefferson Hendy</b>  |                                  |   |  | 14. MOTHER'S MAIDEN NAME<br><b>Margaret McCormick</b>   |  |   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no none</b>   |                                  | 16. SOCIAL SECURITY NO.<br><b>unk</b>   |  | 17. INFORMANT<br>Address<br><b>Margaret Dwyer 8420 Michigan</b>   |  |   |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b>  |                                  |   |  |   |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>12 hrs</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   |                                  | DUE TO (b) <b>Hypertension</b>  |  |   |  |   | 34 hrs   |
|  |                                  | DUE TO (c)  |  |   |  |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)<br><b>331x</b>   |                                  |   |  |   |  |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b> |
| 20a. ACCIDENT <input type="checkbox"/>   | SUICIDE <input type="checkbox"/> | HOMICIDE <input type="checkbox"/>   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |   |  |   |  |
| 20c. TIME OF INJURY<br>Hour<br>a. m.<br>p. m.  |                                  |   |  |   |  |   |  |
| 20d. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |  | 20f. CITY, TOWN, OR LOCATION  |  | COUNTY  | STATE  |
| 21. I attended the deceased from <b>MAY 7, 1953</b> to <b>MAY 12, 1957</b> and last saw <sup>her</sup> <del>him</del> alive on <b>MAY 7, 1957</b><br>Death occurred at <b>615 p. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |  |   |  |   |  |
| 22a. SIGNATURE<br>(Degree or title)<br><b>John J Macleary Jr MD</b>  |                                  |   |  | 22b. ADDRESS<br><b>3720 Washington</b>  |  | 22c. DATE SIGNED<br><b>5-13-57</b>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>removal</b>  |                                  | 23b. DATE<br><b>5-15-57</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Mt. Olive Cem.</b>                                  |   | 23d. LOCATION (City, town, or county)<br><b>Lemay 23, Mo.</b>      |   | (State)  |
| 24. FUNERAL DIRECTOR<br>ADDRESS<br><b>Southern Funeral Home<br/>6322 S. Grand Blvd., St. Louis, Mo.</b>  |                                  |   | 25. DATE RECD. BY LOCAL REG.<br><b>MAY 14 57</b>   |   | 26. REGISTRAR'S SIGNATURE<br><b>J. Carl Smith MD</b><br><b>m86</b> |   |  |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

*[Faint handwritten notes and scribbles at the top of the page]*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student .....,  
Signature of Student Embalmer

Signed *David Lee Foss*

Licensed Embalmer No. *431*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.